## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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Commissioner for Patents
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must				
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MARGER JOH	NSON & MCCC SON STREET, SU		]	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
			[				(Depositor's name)	
							(Signature)	
							(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/802,716 03/08/2001			Hussein Farouk Salama		2705-161 7874			
TITLE OF INVENTION:	VIRTUAL PRIVATE	NETWORKS FOR VOIC	E OVER NETWORK:	SAPPLICATIONS			_	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE TOTAL FE	E(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0		\$1400		07/17/2006	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS					
NEURAUTER,	GEORGE-C	2143	709-222000	<u> </u>				
Address form PTO/SB  "Fee Address" indip PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG	ndence address (or Cha/122) attached. cation (or "Fee Address 2 or more recent) attached. ND RESIDENCE DATA css an assignee is ident in 37 CFR 3.11. Complexed	"Indication form need. Use of a Customer  A TO BE PRINTED ON fified below, no assignee pletion of this form is NO	(1) the names of u or agents OR, alten (2) the name of a s registered attorney 2 registered patent listed, no name will THE PATENT (print o data will appear on the T a substitute for filing (B) RESIDENCE: (C)	ingle firm (having as or agent) and the nan attorneys or agents. If the printed.  r type)  e patent. If an assignan assignment.  ITY and STATE OR  CALIFORNIA	a member a 2es of up to no name is 3enee is identified belo	ow, the doc	cument has been filed for	
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual ☐ C	orporation or other p	rivate grou	p entity Government	
Advance Order - #	o small entity discount p	permit <b>ted)</b>	A check is enclosed Payment by credit	A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Stat  a. Applicant claims  NOTE: The Issue Fee and interest as shown by the results.	SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no					
interest as snown by the r	ecords of the Office St	nes ratem and Tracemark	. Onice.					
Authorized Signature				Date		-		
		-		=	No			
This collection of informa an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 223 Under the Paperwork Rec	13-1450.							
	06/27/2006	<del></del>	4 1501	\$1,400.0			CC	